

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		2				
2		1					52		2				
3	1						53		2				
4		1					54		2				
5		2					55		2				
6		2					56		2				
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		1					67						
18		2					68						
19		2					69						
20		①					70						
21		2					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27	1						77						
28							78						
29							79						
30	1						80						
31		1					81						
32	1						82						
33		1					83						
34	1						84						
35		1					85						
36		1					86						
37	1						87						
38							88						
39	1						89						
40	1						90						
41		1					91						
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		2					100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	66						TOTAL DEP.						
TOTAL CLAIMS	78						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS